

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/068227 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3	/						53					
4		3					54					
5		3					55					
6		0					56					
7	/	0					57					
8	/						58					
9	/						59					
10	/	0					60					
11	/	0					61					
12	/	1					62					
13		1					63					
14		1					64					
15		1					65					
16		1					66					
17	/						67					
18		1					68					
19		1					69					
20		1					70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
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35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	8						TOTAL IND.					
TOTAL DEP.	16						TOTAL DEP.					
TOTAL CLAIMS	24						TOTAL CLAIMS					